

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 NOV 30 AM 9:01

mtw
12/3

1. Name of Limited Partnership

1a. DOCUMENT #
A98000000704

UTOPIA MANAGEMENT GROUP, LTD.



Mailing Address

Principal Office Address

2686 S.W. MERRICK STREET
PORT ST. LUCIE FL 34953

2686 S.W. MERRICK STREET
PORT ST. LUCIE FL 34953

3. Date Formed or Registered

03/16/1998

5a. Capital Contributions as
Shown on record.

\$5,000.00

3a. Date of Last Report

N/A

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$5,000.00

4. State or Country of Formation

FL

6. FEI Number

650821273

☐ Applied For
☒ Not Applicable

7. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

2686 SW MERRICK ST.
Suite, Apt. #, etc.

2a. Principal Office Address

2686 SW MERRICK ST.
Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

Zip Country

34953 St. Lucie

Zip Country

34953 St. Lucie

9. Name and Address of Current Registered Agent

COX, JASON
2686 S.W. MERRICK STREET
PORT ST. LUCIE FL 34953

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

COX, JASON

2686 S.W. MERRICK STR

PORT ST. LUCIE FL 349

N/A

200002707452--3
-12/09/98--01068--035
****150.00 ****150.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Jason Cox

DATE 12/1/98

Typed or Printed Name of General Partner Signing Form

Jason Cox

Daytime Telephone Number

561 336-9633

CR2E003 (8/98)